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October 10, 2008

Joint Millennium Fund Committee

Sen. Patti Anne Lodge, Co-chair

Rep. Dennis Lake, Co-chair

Dear Senator Lodge and Representative Lake:

It is with great pleasure that I submit to the Joint Millennium Fund Committee the attached proposal to establish a "Clean Start" pilot for pregnant women receiving prenatal care in Southeast Idaho at the Idaho State University Family Medicine Residency Program. The ISU Family Medicine faculty worked with the faculty from the Family Medicine Residency of Idaho in Boise in developing the concept for this proposal. The FMRI is submitting a separate but collaborative application to address the same target population in Ada County. The shared goals of the two proposals are:

Goal 1: To pilot at the ISU Family Medicine Residency (in conjunction with the Family Medicine Residency of Idaho in Boise) new approaches to improving outcomes of high-risk pregnancies through advanced obstetrical teaching.

Goal 2: To encourage residents upon graduation to incorporate "Clean Start" approaches into their future rural practices by incorporating successful multidisciplinary lifestyle interventions into the ongoing curriculum of both programs.

If the committee chooses to fund both proposals, as they have in the past, the results of the "Clean Start" pilot project should yield significant results in designing an intensive obstetrical curriculum for mothers at high risk for substance abuse and improved delivery outcomes for their babies.

Thank you for your time and consideration. I look forward to presenting this proposal to you and discussing the ideas contained in it in more detail.

Sincerely,

Jonathan Cree, M.D.

Idaho Millennium Fund Application

I. EXECUTIVE SUMMARY

- **Date:** October 8, 2008
- **Contact person and title:** Jonathan Cree, M.D.
Chair, Department of Family Medicine
- **Name of organization and mailing address:** ISU Family Medicine Residency
465 Memorial Drive
Pocatello, ID 83201-4008
- **Telephone and fax number, e-mail address of organization and contact person:**
 Phone: 208-282-4704 Fax: 208-282-4818
 Email: joncree@fmed.isu.edu Contact: Jonathan Cree, M.D.
- **Concise description of the purpose of the funding request:** The purpose of this request and its sister request from the FMRI in Boise is to address smoking, substance abuse and the diseases they cause in pregnant women and their newborns by enhancing the training that the two Idaho family medicine residency programs provide in obstetrics and newborn care. Our ambition is to ensure that the pregnant women throughout Idaho, particularly in the rural areas where our residents settle, will receive high level obstetrical care so that their infants can have what is their right—a clean start. Unfortunately, many pregnant women throughout Idaho still smoke cigarettes, drink alcohol and abuse other substances including methamphetamines and cocaine. Family medicine residents need the tools to recognize, screen for and treat substance abuse in the young women in their populations. Preferably, they will discover and address the problems prior to their patients getting pregnant, but if not prior, then effectively intervene during their pregnancy using counseling techniques and recruiting other health professionals to assist. To treat the diseases these addictions cause requires advanced training in high risk obstetrics which is not usually available to family medicine residents. The funding of this project will enhance the education of Idaho's future family physicians in both high risk obstetrical treatment and in effective substance abuse detection and prevention. Without interventions such as these, Idaho's mothers and children will continue to suffer preventable, undesirable outcomes such as prematurity, high cost neonatal care and developmental and cognitive challenges throughout their shortened lives.
- **Number of individuals, geographic area and target population benefiting from this proposal**

City of Pocatello:	53,932	Delivery rate	1852	per annum
Fort Hall:	5,726	Delivery rate	170	per annum
Aberdeen	4,111	Delivery Rate	110	per annum
American Falls	1,840	Delivery Rate	45	per annum

Number of individuals benefiting is approximately 1000 mothers and their slightly more than 1000 newborns from the above geographic areas as the residency delivers one half of these patients.
- **Total project budget:** **\$450,000**
 The two components of the Clean Start Project are already embedded in the philosophy of the ISU Family Medicine Residency. We have embarked on a policy of making high risk, advanced obstetrical training available to a select few family medicine residents and have a budget of \$60,000 per annum in obstetrician salary. We have pursued the formation of multidisciplinary care with a wide range of health profession expertise to promote the "Active Families for Life". We episodically address and teach substance abuse, smoking cessation and lifestyle issues throughout the family cycle. This, for the first time, allows the residency to focus on the prenatal and newborn period in depth, systematically and with measurement. The amount quoted above adds \$115,000 which is the approximate ongoing annual expense in this area.
- **Total dollar amount requested:** **\$ 335,420**

II. PROPOSAL

A. Organizational Background

1. *Description of organization's history, mission and goals:*

History: The Idaho State University Department of Family Medicine is part of the Kasiska College of Health Professions. The department's primary component, a fully-accredited, three-year Family Medicine Residency was established in 1992 and shares the College's emphasis on preparing health professionals for service in Idaho's rural areas. There are sixty-five family medicine graduates as of July 2008. Thirty three of these family physicians (FPs) have gone into practice in Idaho and thirty-seven graduates have settled in rural areas. The program has undergone modest growth from twelve residents (four per year) in 1996, to its current size of eighteen residents (six per year). There are plans to expand to 24 (eight per year) over the next four years and to start a rural training track in Rexburg. The program enjoys a reputation of rigorous training for rural practice, with particular strength in the care of pregnant women. We enjoy affiliations with both the University of Utah and University of Washington Medical Schools. The residency's position in the College of Health Professions provides excellent access to the multidisciplinary team that will be required for substance abuse prevention, treatment, case management and intervention in high risk obstetrical patients.

Mission: The Idaho State University Family Medicine Residency (ISU FMR) provides a collegial learning experience through which residents become mature, competent and compassionate family physicians. In an environment characterized by academic, technological and clinical innovation, each learner and teacher is encouraged to pursue a path of individual professional growth and leadership. From public policy advocacy to cutting edge information technology to high-quality, multidisciplinary care for the underserved, we seek and encourage the best in family medicine.

Goals: The two stated goals of the residency are, primarily, to recruit and train excellent high quality family physicians to Idaho and, secondarily, to provide high quality care to underserved patients in Pocatello and Southeast Idaho.

2. *Description of current programs, activities and accomplishments:*

The Department of Family Medicine: Included within the Department is an outpatient clinic seeing 18,000 patients per year, an active inpatient medicine / hospitalist service admitting 1,300 patients per year, a maternity service delivering 1,000 babies per year and a geriatric service caring for the elderly in both assisted living facilities and their own homes. In addition to the Family Medicine Residency, the Department houses the Pharmacy Residency, Southeast Idaho HIV Services, the Behavioral Science / Humanities Department, Integrative Medical Services and the Health Information Technology Department, which will be the clinical training site for ISU's new degree in Health Informatics. The residency is currently following three new HIV infected high-risk pregnant patients from southeast Idaho. Our organization clearly has the clinical experience and patient population in dire need of educational and medical interventions that would be enhanced by Millennium funds. This population in turn provides a wealth of residency educational opportunities and experience. Department physicians provide a wide range of clinical, administrative and academic service to the hospital, to ISU, various local and state agencies, communities and professional organizations. The department's working relations with these agencies is very close and will assist in the project's successful implementation.

Pocatello Family Medicine Clinic: Pocatello Family Medicine (PFM) is the Residency's family medicine center where a full spectrum of primary care services is available. These include family physicians, physician assistants, nurse practitioners, pediatrics, psychological counseling, maternity care, nutrition counseling, pharmacy, ISU GYN Clinic, ISU HIV Clinic, Portneuf Prenatal Clinic, coagulation clinic, transition of care clinic and several medical specialty teaching clinics. PFM has

sixteen examination rooms for primary care practice and a procedure room where endoscopy, colposcopy, vasectomy, casting and a number of minor surgical procedures are performed. For outpatient obstetrics teaching the residency has two ultrasound machines on site and a fetal monitor room set up for antepartum fetal surveillance. The Residency has a fully-implemented electronic health record using a wireless network and tablets. PFM is a Medicaid provider and all clinicians at PFM care for Medicaid and Medicare patients. The prenatal clinic and HIV clinics are subsidized by county and federal funds respectively and accept patients regardless of their ability to pay.

Research and Grants: The Clinical Research Center, under the leadership of Professor Rex Force, PharmD, has been the recipient of several research grants, including large National Institute of Health clinical studies of hypertension (ALLHAT) and diabetes (ACCORD). The Department has extensive experience with external funding and grants administration which would bring to bear were this Millennium Fund project approved.

Service commitment: The Residency's ongoing commitment to address substance abuse issues in rural, underserved populations in Idaho is readily illustrated:

- Portneuf Prenatal Clinic: A county-funded clinic at PFM which provides maternity care to poor and uninsured women from throughout Bannock County.
- Fort Hall Indian Reservation: The Residency's inpatient medicine service provides all hospital care for Native Americans referred from the Indian Health Service Clinic at Fort Hall. This population frequently presents with medical problems related to substance abuse, including alcohol, tobacco use, inhalants, and increasingly, methamphetamine use.
- ISU GYN Clinic: A Title VII-funded gynecology clinic at PFM that provides gynecological procedures such as colposcopy, LEEP, cervical biopsy and cryotherapy to poor, underinsured and uninsured women from throughout Eastern Idaho.
- Correctional Medicine: The Residency provides OB/GYN care for female inmates at the Pocatello Women's Correctional Center (PWCC) and primary care to adolescents in the Bannock County Juvenile Detention Center. The incarcerated in both these populations have a high rate of substance abuse.
- Rural Perinatal Clinics: Bilingual residents provide maternity and newborn care to a predominantly Hispanic, migrant and seasonal farm worker population in the American Falls and Aberdeen Health West Clinics.
- Rural rotations: All second and third year residents complete a one-month rotation at rural family practices throughout Idaho.
- Pocatello Free Clinic: Residents care for poor, homeless, underinsured and uninsured patients at the PFC on a regular basis.
- ISU HIV Clinic: A Ryan White Title III-funded clinic that provides compassionate, confidential, state-of-the-art HIV care, which is directly linked to the clinical training of Family Medicine residents. Twenty percent of our HIV patients have IV drug use as their primary risk factor. Substance abuse, as a common co-morbidity, is addressed in our ongoing interdisciplinary care.
- Smoking Cessation: Routine advice from physicians to stop smoking has been shown to be effective, especially when accompanied by a structured intervention such as the **Five A's**. Residents are encouraged to **Ask** about smoking at every patient visit and smokers are **Advised** to stop. Patient's readiness to quit is **Assessed**. The residents receive ongoing training in health behavior change techniques and harm reduction. Residents **Assist** patients, whether they're ready to quit or not. As patient's primary care physicians the residents **Arrange** ongoing follow-up where smoking cessation will again be addressed.
- Smoking Prevention Outreach: Resident physicians and faculty physicians have presented Tar Wars smoking cessation presentations to local fifth grade classes for several years, and smoking cessation / substance abuse avoidance education to adolescents in the Bannock County Juvenile Detention Center and inmates of the Pocatello Women's Correctional Center (PWCC).

3. List of board and staff members and a brief description of their respective responsibilities.

Graduate Medical Education Committee or "Board"			
Portneuf Medical Center		Idaho State University	
Patrick Hermanson	CEO/Administrator	Linda Hatzenbuehler	Chair & College Dean
John Wilker	CFO	Ken Prolo	Financial VP
Don Wadle	VP Clinical Services	Brad Hall	Legal Counsel
Beth Hill	Board Member	Ron McCune	VP Medical Education
Donald Dyer	Medical Staff	ISU Residents	
Tom Murphy	Reimbursement	Kelli Dustin	Chief Resident
Russ Wight	Legal Affairs	Brandon Mickelsen	Chief Resident
Community Physicians		Bannock County	
Ken Newhouse	MRI	Larry Ghan	County Commissioner
Robert Kennedy	SEIMA		

4. Copy of current budget and description of current sources of funding:

The ISU FMR has an ISU academic and a PMC clinical division. Each division has its own budget, with different budget years.

ISU Budget (7/1/2008 through 6/30/2009):

REVENUES	2,710,100
PERSONNEL COSTS	2,674,955
OPERATING COSTS	373,145
CAPITAL OUTLAY	12,000
TOTAL EXPENDITURES	3,060,100
DEPARTMENT MARGIN	(350,000)

Portneuf Medical Center Budget (10/1/2007 through 9/30/2008):

REVENUES	3,124,100
TOTAL CONTRACTUALS	562,800
PERSONNEL COSTS	616,800
OPERATING COSTS	2,016,500
TOTAL EXPENDITURES	3,196,100
DEPARTMENT MARGIN	(72,000)

Current sources of funding and their description are shown in the table below.

Below is the current estimated \$5.8M budget for the Department of Family Medicine from 7/1/2008 to 6/30/09.

Category	Description	Amount	% Total
Patient Care	Revenues from billing for hospital and clinic work	\$3,090,000	53%
GME	Medicare Graduate Medical Education Funds	\$ 880,000	15%
State	Maintenance and Core Support from the State	\$ 770,000	13%
UPL	Component of Medicaid Upper Payment Limit funds	\$ 165,000	3%
ISU	Departmental reimbursement for student education	\$ 385,000	7%
Grants	NIH \$2M 8yrs, HRSA renewable \$900K 3 yrs, others	\$ 440,000	7%
PMC	Portneuf Medical Center support for the residency	\$ 100,000	2%
		\$5,830,000	100%

B. Purpose of Request: Goals and Outcomes

Goal 1: Enhancement of High Risk Obstetrical Training to Family Medicine Residents.

Goal 2: Therapeutic Lifestyle Interventions for a Healthy Baby.

1. Briefly describe the issue(s) you will address:

Our primary goal will be to raise the level of training for obstetric care in isolated rural areas. The training we are currently offering in obstetrical care is appropriate where obstetrical consultation is readily available. However, it is not adequate for family physicians who are the sole obstetric provider in isolated rural areas. Idaho's Family Medicine Residencies currently provide exemplary obstetrical training to their resident physicians at the family physician primary care level. Both Residencies care for a vulnerable and at-risk patient population. ISU FMR cares for a large number of Native Americans, Hispanics and rural poor. Each resident delivers about 180 patients over three years and the residency cares for about 1,000 deliveries per year. Training family physicians to provide high-risk maternity care requires a unique level of supervision and is unusual in family medicine residency programs. In Idaho, the family physician is frequently the only obstetric clinician provider to pregnant patients in isolated rural areas. This project, apart from intensifying general obstetrical education, will focus on obstetrical diseases caused by smoking, alcohol and substance abuse. A curriculum will be taught on the recognition of and interventions for the growth-retarded fetus of the smoking mother, the abrupted (torn off) placenta of the cocaine addict, and the hypertensive crisis of the amphetamine addict. Resident training in high risk obstetrical management will be maximized by increased access to the residency's obstetrical coordinator, Donald Dyer, MD. Perinatology consultation will be provided by the perinatologist from the University of Utah, Michael Varner, MD.

Our secondary goal will be to prevent, detect and treat smoking, alcohol use and substance abuse in pregnancy and teach these interventions to family medicine residents. An obstetrically active family physician will be hired part-time to role model exemplary care, consultative interactions and preventive management. The case manager described below will establish contact with the high risk patients including those seen by resident physicians from rural Community Health Centers and Fort Hall Indian Reservation. Modeled after the "United Kingdom Health Visitor", the case manager will promote pre-conception planning, early and regular prenatal care and perform prenatal and postpartum home visits. As part of the Clean Start Project, the "Active Families For Life" team, consisting of behavioral scientists, nutritionists, prenatal educators, physical therapists, pharmacotherapists and a cultural advocate, will provide an increased focus on the prevention of pregnancy complications and birth defects related to smoking and drug use during pregnancy and on undiagnosed obstetrical illness. All pregnant women will be screened for substance use including over the counter drugs, therapeutic medications with teratogenic potential, illicit drugs, tobacco use, inhalants and alcohol. Brief screening tools for substance abuse such as the "SASSI" or "4Ps Plus" will be used and motivational interviewing techniques taught to encourage health behavior change. Urine testing for drugs of abuse will be made available for substance abuse screening and maintenance of abstinence. Substance abuse treatment and referral will be made. Because physicians and nurses together are the heart of the prevention team, a component of the project is dedicated to ISU nursing education on the impact and prevention of substance abuse in pregnancy. An experienced obstetrical nurse practitioner will join the outreach and prevention team and provide nurse practitioner training.

The *Smoking Cessation Clinical Practice Guideline* from the Agency for Health Care Policy and Research reports that even brief smoking-cessation advice of just three minutes or less from a physician can make a difference. The residency wishes to ensure that this simple intervention, enhanced by other multidisciplinary interventions, will occur for every pregnancy blighted by smoking. The Direct Observation of Primary Care (DOPC) Study showed that a patient being seen by a family physician is more likely to receive advice for smoking cessation. Therefore, to

increase access to a well-trained family physician is to promote smoking cessation preferably before the fetus is exposed. The Danish five year smoking study showed that all forms of common childhood cancer are increased in the first five years of life in the child of a mother who smoked during pregnancy.

2. Describe the overall purpose(s) of your project and the areas that will be different at the end of the project or grant period.

The overall purpose of the program is to decrease tobacco use, alcohol consumption and other substance abuse in prenatal patients and to have more family physicians trained to address these issues. This will result in less obstetrical complications and fewer newborns born with the adverse neonatal outcomes of these substances.

a. The short-term objectives you want to achieve with this grant request:

1. All family medicine prenatal patients will be provided an enhanced screening and prevention program for smoking, alcohol and substance abuse including a focused questionnaire and a random, five-point urine screening.
2. All family medicine residents will learn to implement in their own future practices the "Clean Start" enhanced prenatal screening and prevention program for substance abuse.
3. Multidisciplinary intensive interventions for substance abuse, smoking and alcohol abuse treatment, both prior and post-pregnancy will be implemented and taught.
4. ISU Family Medicine residents will learn culturally appropriate substance abuse detection and prevention for rural populations including Native Americans and Hispanic farmworkers.

b. The long-term objectives you are working toward and how this grant request relates to them:

1. A new intensive curriculum in the diagnosis and management of high-risk obstetrical diseases will become a permanent part of the education to all 18 family medicine residents in the ISU family medicine residency program.
2. The expected outcome of the Millennium Fund monies will be to enhance surgical training so that an increased number of residents will achieve surgical competency.
3. The project will increase the number of family medicine graduates from ISU remaining active in obstetrics for a significantly longer component of their professional lives.

C. Organizational Capacity

Describe why your organization is well-positioned to implement this grant request.

Description of organizational positioning:

- a. Departmental Organizational Structure: The Department of Family Medicine at ISU has the internal structure and the external relations that will allow it to implement the "Clean Start" project. The departmental is organized into eight divisions. The "Clean Start" project will involve collaborative work between the education, research, patient services, clinical service grants, pharmacy, humanities and information technology divisions.
- b. Departmental Staff: The organization has adequate faculty, staff and administrative support with available additional FTE time to undertake this project.

1. How this grant relates to your organization's strategic plan and mission:

The grant relates directly to the two stated mission goals of the residency: to recruit and train excellent high quality family physicians to Idaho and provide high quality care to underserved patients in Pocatello and Southeast Idaho. The residency's strategic plan has the following components that relate to advanced obstetric training: A comprehensive women's health track with high risk obstetrics, the move to a state-of-the-art hospital with new obstetric and neonatal suites, and the development of fellowship programs including obstetrics. The strategic plan includes the following components relevant to multidisciplinary lifestyle initiatives: active psychosocial components, quality improvement initiatives, and conversion into a Community Health Center (CHC) service site. The residency has been awarded the State of Idaho Quality

award and will apply its quality processes to the "Clean Start" grant documentation and outcome measures. The components of the strategic plan that relates to the grant are in bold.

- Strategic Planning – Short-term (1-2 years)
 - **Activate psychosocial collaboration amongst faculty for teaching and modeling**
 - Accept candidates for Health Information degree
 - **Develop comprehensive women's health track including high risk obstetrics**
 - Develop hospitalist program (Hire 4th hospitalist; case management model)
 - Transition the Residency through the sale of PMC to Legacy
 - Plan and achieve accreditation for Rexburg Rural Training Track
- Strategic Planning – Mid-term (2-3 years)
 - **Embed Quality Improvement (QI) and P4P initiatives into work processes**
 - **Develop consistency with regard to psychosocial issues and the EMR**
 - Convert Pocatello Family Medicine to a CHC service site
 - Start FMR Foundation as a subdivision of the ISU Foundation
 - Develop hospitalist program (Hire 5th hospitalist)
- Strategic Planning – Long-term (3-4 years)
 - Place residents in Rexburg rural training track
 - **Move to primary care center of excellence on a new medical campus**
 - Become an integral part of a new Idaho medical education paradigm
 - **Start Fellowships: Hospitalist, Obstetric, Health Information Technology**
 - Complete foundation funding targets

2. *Related program or organizational accomplishments:*

Native American Health Services at Fort Hall

We have a contractual relationship with Shoshone-Bannock Tribal Health to provide inpatient care for their clients and prenatal care for their pregnant patients. These patients present with a significant burden of disease related to substance abuse. We have successfully set up in-hospital and outpatient programs that treat these patients and transition them back to the Indian Health Service.

Pocatello Women's Correctional Center (PWCC)

Dr. Dyer, our faculty obstetrician, is contracted to provide OBGYN services to the inmates of the Women's prison. At the prison, he teaches the residents cervical cancer prevention through LEEP (electrical knife removal of diseased tissue). A heavy burden of sexually transmitted disease, abnormal pap smears and inadequately monitored pregnancies, in a population with high incidence of substance abuse is a target for this project's interventions.

Bannock County Juvenile Detention Center

Lee Abraszewski, a departmental faculty nurse practitioner, has taken additional training in adolescent medicine and teaches residents the approach to substance abuse in teens. She counsels on teenage pregnancy prevention and contraceptive management. High risk pregnancies arise in this population.

Rural Family Medicine Teaching Clinic in American Falls

The ISU FM Residency partners with Health West, Inc. which operates Federally Qualified Community Health Centers in communities throughout Southeast Idaho including American Falls, Aberdeen, Lava Hot Springs, Downey, and in the near future, McCammon. The Department has placed several graduates and shared faculty with Health West. The Department has undertaken several initiatives to provide training and badly needed services through the Health West Clinics, such as rural perinatal services. The residents that we send to these clinics are mostly bilingual and will bring the benefits of the "Clean Start" project to these patients.

3. *Links with other organizations doing related work in your geographic area or on the same issue:*

The ISU Department of Family Medicine is the sole Graduate Medical Education entity in Eastern Idaho. The Department coordinates its activities with FMRI in Boise as evidenced by our related millennium project proposals. The Department has a long-standing relationship with agencies that serve rural southeast Idaho including Health West, Shoshone-Bannock Tribal Health, the Southeastern District Health Department, Portneuf Medical Center, the Pocatello Women's Correctional Center (PWCC) and numerous rural Eastern Idaho hospitals and health care providers. Bannock County has linked with the residency for a number of years and provided a small subsidy to support the County prenatal clinic that is housed in the residency. Dr. Jones, one of our faculty members, is the physician for the local Developmental Options organization that assists children with cognitive and developmental challenges.

2. *The target population's involvement in your organization (e.g., as volunteers or as board, staff or advisory group members):*

The Residency Board or GMEC has an elected lay member from the public who also sits on the PMC board. The County is represented by the elected County Commissioners. The Native Americans whose babies we deliver and care for in hospital are well represented at both the Tribal Health and Indian Health Service levels. Health West has a community board by Federal statute.

D. Process

Summarize the work plan you will use to accomplish your goals and outcomes. Include information on:

1. *Tasks and timetable for key staff executing this effort:*

July 1 through October 31, 2009:

Advanced Obstetrical Training

- Faculty obstetricians engaged to implement extended surgical training (Dyer)
- Survey of current residents determining motivation for surgical / obstetric training (Dyer)
- Graduate survey research for percentage providing surgical obstetrics (Cree)
- High-risk obstetrical curriculum developed (Dyer)
- Faculty development course in advanced life support in obstetrics arranged (Admin)

Multidisciplinary Lifestyle Intervention

- Behavioral Health professional for screening and counseling engaged (Dickey)
- Prenatal educator hired part-time (Moore)
- Case manager with social work experience hired (?)
- Nutritionist hired (Davidson)
- One-on-one class interventions organized
- IT Personnel developed search engine questions
- Arrangements with local laboratory for five point urine screening for prenatal patients
- Specific questionnaires for smoking history and substance abuse introduced
- Cultural advocate for Native Americans hired (Murillo)
- Nurse practitioner with cultural training for outreach hired (?)

November 1 through February 28, 2010:

Advanced Obstetric Training

- Increased involvement of FM residents in surgical obstetrics
- High-risk obstetric topics appearing on didactic curriculum
- Eighteen month repeating curriculum organized

Multidisciplinary Lifestyle Intervention

- 90% of patients referred for appropriate smoking cessation and lifestyle interventions

- Case manager identification protocols completed
- 100% of patients being screened for alcohol and substance abuse either prenatally or at delivery
- High risk patient list in Pocatello, Fort Hall, American Falls, and Aberdeen organized
- Culturally sensitive substance abuse detection curriculum defined
- Obstetric nurse practitioner conducting clinics with Native Americans at Fort Hall
- Pharmacotherapy medication screening for teratogenic drugs
- IT database searches in EHR to document smoking, alcohol and drug abuse

March 1 through June 30, 2010

Advanced Obstetric Training

- Review of evaluations from Family Medicine residents on surgical obstetrics
- Review from obstetrician attendings of the advanced obstetrics program
- Number and percentage of actively enrolled family medicine residents defined
- Resident evaluation of the new high risk obstetric curriculum completed
- The high risk newborn care component is developed by pediatric faculty

Multidisciplinary Lifestyle Intervention

- Cases and outcomes presented during new quarterly case seminar sessions
- Screening questionnaires and urine screening continue 100%
- Maintenance of Prenatal care for Fort Hall patients established
- Implementation of "Clean Start" program in rural outreach clinics- American Falls and Aberdeen
- ALSO instructor training faculty development course completed
- Annual ALSO course to include new instructors for August
- Re-survey of residents and practice invocation intentions

E. Evaluation Plan

Using sections B (Purpose of Request: Goals and Outcomes) and D (Process), describe what you want to learn about your program goals, outcomes and process over the grant period. Include information on:

1. Two or three primary evaluation questions you expect to answer:

Smoking and substance abuse screening and prevention prior to and during pregnancy

1. Are residents screening over 90% of women of childbearing years?
2. Are residents screening over 90% of prenatal patients?
3. Are all pregnant patients and all patients who are smokers or substance abusers receiving smoking cessation counseling or substance abuse cessation interventions?
4. Are pregnant patients being referred for multidisciplinary lifestyle interventions?

High Risk Obstetric Curriculum

1. Has the high risk curriculum been designed and implemented?
2. Are more residents achieving surgical obstetrical competency?

2. The assessment methods/strategies you will use to answer your questions (e.g., records, surveys, interviews, pre- and post-tests, community feedback, etc.). Please be specific and realistic.

Smoking and substance abuse screening and prevention prior to and during pregnancy

1. Electronic Health Record Search.
2. Case manager records.
3. 5 point urine screen laboratory data review
4. Patient survey tools

High Risk Obstetric Curriculum

1. Resident curriculum evaluation
2. Faculty evaluation of resident surgical competency

3. ALSO Professional Development Program evaluation

3. *How your organization will involve stakeholders in the evaluation process (e.g., board, the target population and community members).*

The Graduate Medical Education Committee of the residency program with its community representative, the county commissioner, is responsible for the County Prenatal Clinic. The Tribal Health and Indian Health Service Representatives with the Native American cultural advocate are stakeholders for Fort Hall. The Board of PMC and the Community Board of Health West, (a Community Health Center), will be active partners throughout the planning and implementation of the "Clean Start Project." Residency members will request agenda time for discussion.

4. *How your organization will use this information to improve future outcomes internally (e.g., for program improvement, fund raising, communications, etc.) and externally (e.g., disseminate lessons learned through reports, work shops and networking activities):*

The high risk obstetrical curriculum, the enhanced surgical obstetrical training and the substance abuse prevention, screening and treatment program will all remain a permanent part of the residency program and will be shared with the 16 other residency programs in the WWAMI network as a model .

F. Sustainability

Describe the additional resources needed to continue this project over. Include information on how you will secure the other resources necessary and/or complete the work involved in this grant request, and how your organization will support this project in the future.

- 1) Ongoing High Risk Obstetrical Training: Additional obstetrician teachers will be needed. The salary and benefits budgeted will not sustain an ongoing comprehensive high risk curriculum. However, there are good indications that the obstetrical staff will continue to increase their voluntary teaching commitment based on the in-house coverage the residency provides 24/7 for the attending physician's patients. This is worth a full-time obstetrician or \$300,000 of donated teaching and is very much appreciated.
- 2) Ongoing Therapeutic Lifestyle Interventions: Some multidisciplinary work will be continued under the funding of our title VII HRSA grant. The prenatal nutritionist will be covered by increased prenatal charges; the psychologist's cost will be covered by his billing and some departmental support; the case manager costs will revert to hospital social work and will not be as intensive. The cultural advocacy will have to be picked up by tribal health or will not continue at such a high level. The Pocatello Women's Correctional Center (PWCC), the Bannock County Juvenile Detention Center, the HIV clinic and Health West perinatal clinics have their own ongoing funding that will assist with the new Clean Start interventions in the pregnancies that arise from those settings.

Summary of resources that will be used to continue the project:

- a. Volunteer obstetrician teaching time
- b. Component of renewable HRSA Title VII grant
- c. Patient care billing
- d. Allocation of prenatal care income
- e. Ryan White funds
- f. Continued departmental support

III. BUDGET

A. Current Request

1. Project budget and personnel Costs

Position	Role	Possible Candidate	FTE	Salary	Benefits
Faculty obstetrician	Surgical training	Don Dyer, MD	0.1	21,000	4,620
Faculty obstetrician	Cultural outreach Fort Hall	John Lackey, MD	0.1	21,000	4,620
Nurse Practitioner	Cultural outreach/prenatal	Tina Jones FNP	0.25	20,480	4,490
Cultural Advocate	Tribal belief systems	Larry Murrillo	0.20	14,600	3,220
Prenatal Educator	Prenatal classes	Tammy Moore RN	0.1	8,200	1,800
Pharmacotherapy	Medication screening	John Holmes Pharm. D	0.1	8,400	1,850
Nursing Faculty	OB Nursing education	RN Faculty	0.25	11,900	2,600
Family Med. faculty	OB Role Modeling	Brandon Mickelson	0.1	14,000	3,150
Nutritionist	Nutritional prenatal guide	Davidson RD	0.2	14,200	3,200
Psychologist	Screening/ therapy	John Dickey, Ph.D	0.2	19,400	4,250
Administration	Grant documentation		0.3	16,800	3,700
Case Manager	High risk prenatal clients		0.25	18,200	4,050
Information Technology		Adam Waldrom	0.25	19,100	4,200
Totals				207,280	45,750

Other Costs

Type of Expense	Description	Cost
Faculty development for 2	Advanced Life Support in Obstetrics Instructor Course	\$ 4,000
Travel to and from Fort Hall	For outreach; also to Aberdeen and American Falls	\$ 3,500
Capital Expense	Replacement Ultrasound Machine	\$22,000
Urine testing 5 point	\$41.60 X 1200 tests	\$49,900
Materials and Supplies	Educational, handouts, paper, booklets	\$ 1,100
Project Laptop s x2	For online EMR remote access	\$ 2,900
Totals		\$83,400

Estimated Total Project Cost:	\$450,000
Total Amount Requested from Millennium Fund:	\$335,420
Total annual Budget of Department of Family Medicine	\$5,830,000
Percentage of total revenue of the Department of Family Medicine	5.7%

2. Provide supporting narrative explaining how the budget supports the project proposal.

The personnel costs reflect the salaries and benefits of key personnel implementing the advanced obstetrics curriculum and the multidisciplinary life style interventions. The time allocated in FTE's has been calculated to cover the expected prenatal load and delivery burden of the residency. Health Professionals who have part time work in the department or in related ISU departments have been tentatively identified as candidates to fulfill the roles identified in the budget.

The other costs include replacement of obsolete ultrasound equipment, travel and professional development for obstetrically active family physician faculty, a project laptop for use by the traveling case manager which will be configured to give remote access to the electronic health record and finally a comprehensive five-point urine screening program for substance abuse for our prenatal patients.

B. The complete updated expenditures on the 07-08 Millennium Project are attached below.

	<u>Budget</u>	<u>Actual</u>
<u>Establishment of a Rural Family Medicine Teaching Clinic in American Falls</u>		
Physician Time	\$ 33,790.00	\$33,790.00
Benefit package	\$ 10,010.00	\$10,010.00
Travel	\$ 2,522.00	\$2,129.52
Administrative time	\$ 283.00	\$283.00
Promotora de salud	\$ 9,880.00	\$10,063.83
Promotora benefit package	\$ 2,494.00	\$2,310.17
Additional medical assist	\$ 13,624.00	\$13,624.00
IT support	\$ 1,703.00	\$1,703.00
Total	\$ 74,306.00	\$73,913.52
<u>Establishment of a Rural Training Track in Rexburg:</u>		
Physician admin time	\$ 13,516.00	\$ 13,518.97
Benefit package	\$ 3,142.00	\$ 3,200.30
Rural physician	\$ 15,600.00	\$ 15,600.00
Travel	\$ 3,302.00	\$ 2,963.14
Visiting team travel to existing rural tracks	\$ 3,500.00	\$ 4,391.81
Professional development:	\$ 3,000.00	\$ -
Consultation for RTT set up	\$ 5,000.00	\$ 5,000.00
Admin. Time:	\$ 566.00	\$ 565.76
Building modification	\$ 22,210.00	\$ 22,210.00
IT support	\$ 1,703.00	\$ 1,703.00
Total	\$ 71,539.00	\$ 69,152.98
Project Total	<u>\$ 145,845.00</u>	<u>\$ 143,066.50</u>